

~~SECRET~~
(When Filled In) ~~SECRET~~

PROJECT PROGRESS REPORT				PERIOD COVERED	
				FROM	THRU
1. REPORTING AGENCY IAC		2. NAME OF CONTACT [REDACTED]		3. TELEPHONE NO.	
4. PROGRAM TITLE Autopilot Program				25X1A5a1	
STATUS OF PROGRAM					
5. PROGRAM		6. TESTING			
<input type="checkbox"/> PLANNING	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> PLANNING	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> CANCELLED
7. OBJECTIVE OF TESTS Improve autopilot installation to obtain more consistent operation.					
8. PRIORITY	9. DATE PROGRAM INITIATED	10. DATE TESTING INITIATED		11. DATE OF ESTIMATED TEST COMPLETION	
12. OPERATING TIME					
TEST ARTICLE	TOTAL TEST HOURS OR RUNS ROR	HOURS OR RUNS THIS PERIOD		TOTAL HOURS OR RUNS TO DATE	
13. COMMENTS Nothing further will be reported until the meeting mentioned previously takes place.					

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